

**A JOURNAL FOR NURSES**



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November, 1937

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FOR NURSES

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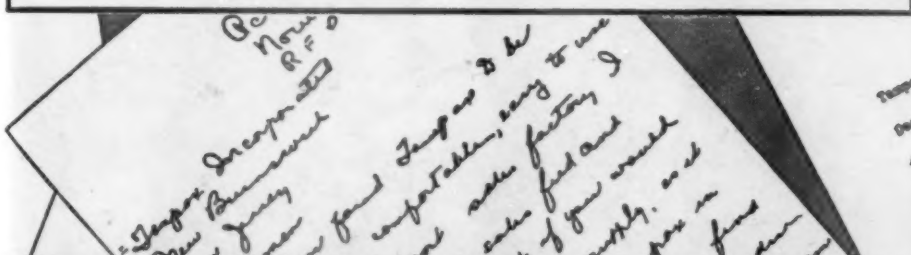


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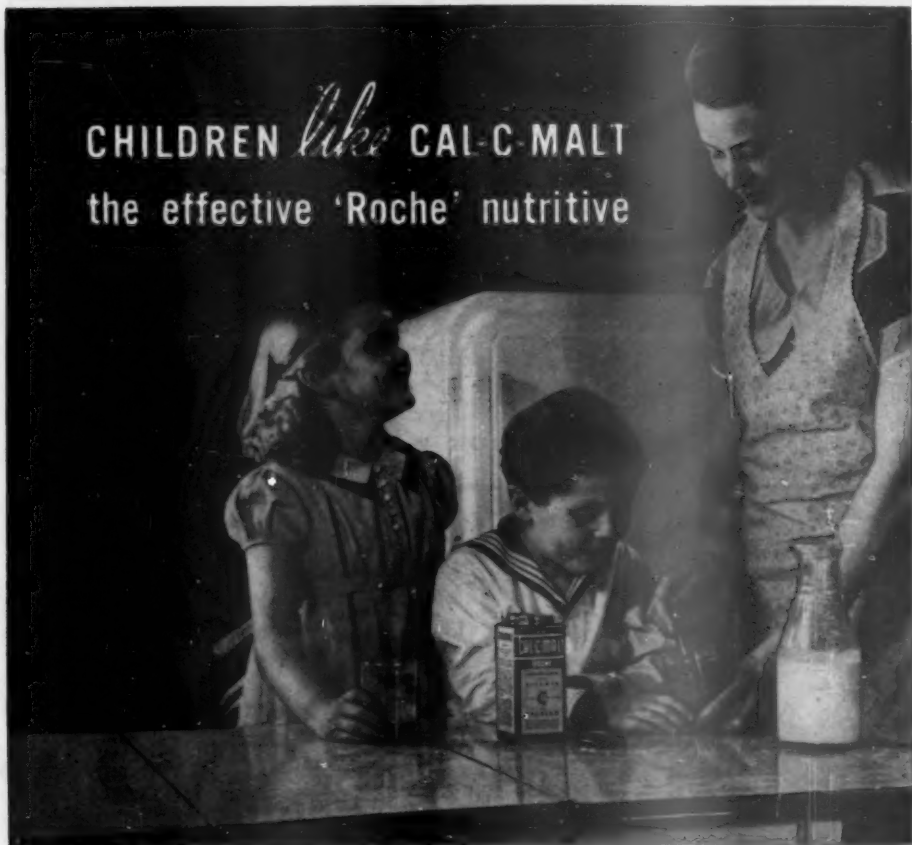
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# Debits and Credits

You remember the old adage that folks who never make mistakes never accomplish much either. Maybe it hasn't been altogether fair to nurses to train them into infallibility—at least so far as self-expression is concerned. You get to looking at the bottle three times, and then you decide it might be poison after all. And who wants *that* responsibility?

\* \* \*

It takes quite a lot of courage to go on record for this or that in public. So when nurses get all upset about the place they live in, or the hours they work, or the disinterested effrontery of a few cold-blooded supervisors, they seethe and stew among themselves but they don't do anything constructive about it.

\* \* \*

Perhaps nurses, being just women, are afraid of facing consequences! They manage to escape blame, but it follows inevitably that they miss the chance for public appraisal and endorsement.

\* \* \*

Far be it from us to compress the history of nursing into a column, but women like Jane Addams and Lillian Wald and all the others didn't let the fear of making a mistake deter them from thinking and acting.

\* \* \*

It isn't so important, really, that nurses always know the right answers

as that they have an idea now and then and throw it into the common cauldron of possible solutions for our individual and mass ills. . . . Some wonderful elixirs have come out of that brew!

\* \* \*

Dr. Joseph K. Hart, philosopher and sociologist, has spent the major share of his life urging students to stop *memorizing* the things other people have said and to start *adventuring* on their own hook. He tells us, in effect: Know a convention when you see it. Don't mistake it for a law. Get in step with the tempo of the times. Stop fussing about what's going to happen to *you*.

\* \* \*

Of course many of us are still living in the saleratus era: home baked biscuits; women should be seen (a little) but not heard; the male of the species has every just claim to superiority. Secretly we yearn to curl up in some cozy little feminine niche and never meet a problem unaided. It's a sort of hidden strain lurking under our efficient-looking uniform.

\* \* \*

It doesn't seem so odd, then, that in equivalent positions held by members of the opposite sex nine times out of ten the man makes decisions right off, while the woman says, "Come around next August after the Board meets and I'll let you know what I think."

\* \* \*

Maybe that's why some of us are interested in labor unions. The Boy

Friend belongs to the C.I.O. or the A. F. of L., and what's good enough for him is good enough for us. Just like Mother was a staunch Republican because Father voted that ticket.

\* \* \*

Probably others of us join unions because we're restless and fidgety and we haven't a better emotional vehicle of expression for the time being. It's pretty good fun going to a snappy meeting where things get to happening about a mile a minute. . . . Fervent speeches and all that.

\* \* \*

However, we are not the only group showing signs of unrest. Any radio commentator in a fifteen-minute broadcast can point out the pandemic character of present restiveness and illustrate it with all degrees of fear and confusion in diverse sections of the world. . . . government, industry, international relations, ad infinitum.

\* \* \*

One thing we ought to do is to stop thinking of "the nursing profession" as an abstraction, and keep in mind that it's a body of people. Some of our actions might be more easily explained if we thought of them in terms of human behavior.

\* \* \*

Maybe we ought to get over imagining we're the Chosen Tribe, and remember we are only one of the components of this vast surge of social fluctuation. The sooner we get the right perspective about the whole thing, the

better. It's just possible we've been looking through the wrong end of the telescope.

\* \* \*

Ours is one of the youngest professions, and that may account for our lack of self-confidence. But more and more nurses are taking useful places in community and world affairs. You can think of a half dozen well known figures right off.

\* \* \*

Even those of us who represent the rank and file are beginning to express ourselves publicly. It is true that the most vociferous are not always the wisest. But isn't that a challenge to the rest of us to stand up and champion our convictions?

\* \* \*

Nurses are breaking into print, too. They are letting themselves be interviewed, shedding the cloak of secrecy behind which they previously hid their virtues; and they are taking pens in hand to tell a related and curious world what we as a profession represent and what we aim to do.

\* \* \*

Naturally there are minor misunderstandings within the ranks once in a while, and an occasional passage at arms between factions; but on the whole, as the daily papers usually summarize the European scene, the situation looks hopeful.

—*The Accountant.*



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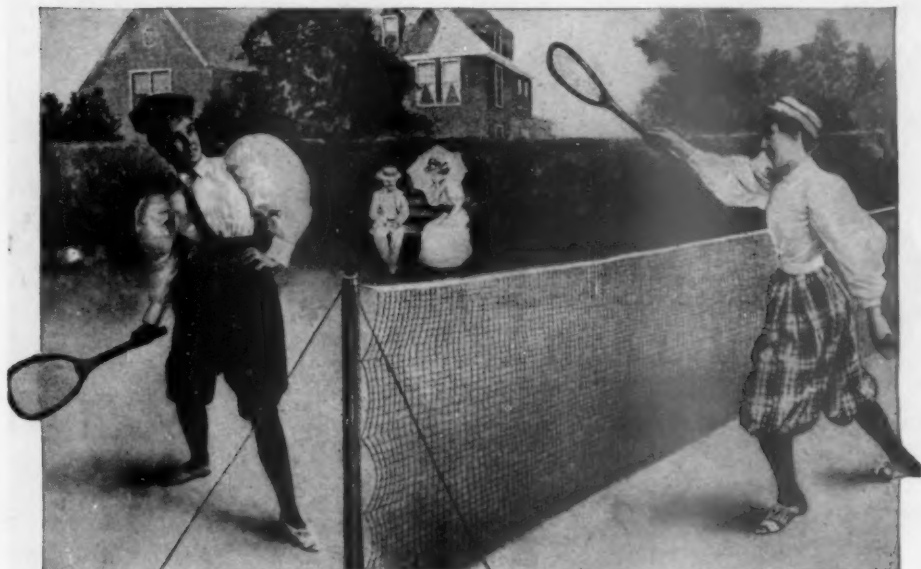


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# OUR DAILY

# Bread

by Edith Piquet Kaylor

B.S. in Nutrition, Cornell University

Monthly food bill.....	\$25
Monthly rent .....	\$40
Monthly total .....	\$65

That is the probable cost of living for a nurse in a large city. Yet the extra allowance a nurse may receive to compensate for lack of maintenance is approximately \$20.

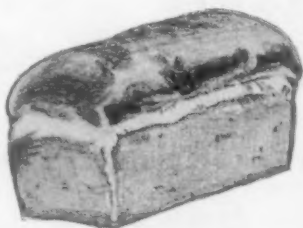
Naturally, there has been a great deal of controversy over this subject. Nurses feel they are entitled to a "fair amount," but hospital administrators feel that a "fair amount" is more than their budgets can stand. The hospitals realize that the small allowance which they are giving is not a sufficient sum to live on—that is, to pay rent and to buy food—but, rather, it represents roughly what it would cost per month to maintain the nurse in residence. And nurses are asking the questions: will it be to my advantage to live independently regardless of the size of the extra allowance? Can a person buy even subsistence food on an amount as small as \$20 per month?

There is evidence of an affirmative response to the first question if one considers the changing ratio of resident to non-resident nurses. Most institutions have a larger resident than non-resident group. Several years ago the proportion was about six to one, but gradually it has changed until non-resident nurses now comprise approximately 30 per cent of the total group. This is a considerable change.

The accepted reason for this is, of course, the growing need for larger and more adequate staffs, with the consequence that residential halls are no longer able to accommodate the increased number of general duty and special nurses.

The less obvious reason, but one rapidly becoming more apparent, is that nurses are not willing to put up with the unsatisfactory living conditions in the hospitals. If hospitals cannot or will not keep up with the times, nurses will resort to choosing their own environment. They find that relaxation, cheerful surroundings and an opportunity for social activities all make for greater efficiency and stabilization in their work. Since many nurses find they can secure these things by living away from the hospital, their plea is for an understanding of the situation and a reasonable increase in salary to make this possible.

No doubt many nurses decide to live independently despite the fact that they receive no extra allowance at all for living out. There is also the more cautious group which hesitates to do this in anticipation of financial difficulty. Either case seems to be a strong argument in favor of the adequate salary increase.



## WHAT HOSPITALS ARE DOING

Many hospitals realize their responsibility and some have compensated by improving the living

conditions, others by supplementing the salary with an amount conspicuous by its insufficiency. The superintendent of a Brooklyn hospital stated recently that general duty nurses have a right to expect certain things of the institution which employs them and are justified in leaving if they do not receive them.

A small hospital in northern New York has attempted to solve the residential problem by using a number of conveniently located cottages. Each nurse has a separate room, the use of a living room, a recreation room, and a well-equipped kitchen so arranged that several can cook at the same time.

In Connecticut a large municipal hospital took over an apartment house, divided the entire building into small apartments, furnished them tastefully and equipped each kitchenette adequately. The nurses pay no rent, otherwise it is the same as living independently.

The objection may be raised that it costs too much to do all these things. One can't deny that it is expensive to modernize—in any sense of the word—but can hospitals afford not to? Is it possible for a hospital to operate efficiently and best serve its patients if there is a constant turnover in the nursing staff or if the nurses are dissatisfied or uninterested in their work? These conditions do exist and they seem reason enough for a hospital to "do something about it."

Many nurses presuppose that a hospital is relieved of considerable expense if part of the nursing staff lives out. It does mean less expense, but the difficulty is that it doesn't mean as much less as the nurses require to live independently. Proper institutional care of a resident group means maintaining a skeleton force of employees, which would

not change if a small percentage of the nurses moved out. The same capacities would have to be filled, the same buildings maintained and the same meals served. If the non-resident nurses received only one meal at the hospital naturally the actual food consumed would be less, but in view of the other items which would not change the saving there would hardly be a signal for the nurse's check to increase by \$50 or \$60—the amount she would need for rent and food alone.

### COMPARISON OF FOOD COSTS

One cannot compare the food costs of an institution with those of an individual living independently. That is obvious. With wholesale purchasing, large quantity cookery and careful supervision and planning, expenses can and must be kept as low as possible and at the same time meet all requirements of good nutrition.

A nurse recently asked how much institutions allowed for three meals in residence, and also wondered what the other allowances were. These figures illustrate the impossibility of comparing institutional and individual food costs. The September record of a large municipal hospital shows the following daily per capita costs:

Nurses .....	\$ .46
Physicians and Internes .....	.50
Special Patients .....	.52
Ward Patients .....	.41
Employees .....	.35

In other words, what it cost this hospital to furnish three adequate meals to a nurse would pay for only one inexpensive meal in a restaurant, or buy, for example, a cheese sandwich, a milk shake and a baked apple. Most private hospitals spend slightly more than this for food. For instance, one well known



institution in New York City allows approximately 55 cents per day for nurses.

All this brings us to our first conclusion, that if hospitals have unsatisfactory living conditions, nurses *will* find it to their advantage to live out; also, the extra allowance they receive will probably continue to hover in the neighborhood of \$20, until hospital administrators appreciate the need for more and take steps to provide it.

#### STRETCHING THE ALLOWANCE

The non-resident nurse has a task when she tries to make her allowance go as far as possible, and get the maximum benefit from it. Especially is this true when she receives but one meal at the hospital. In a city where rents are prohibitive and prices seem attached to a balloon, the problem of "stretching money" has probably caused many a headache. Since a nurse cannot spend as much time as could a housewife planning ways and means of economizing, the monthly food bill will undoubtedly be an item. However, by realizing that

there are many simple ways of cutting down food costs she can make a \$20 allowance provide all food necessities for a month. If the allowance is more, then a few luxurious "extras" could be included. We shall disregard the question of rent and consider only how a nurse can be properly fed on a small sum.

We would probably all agree that monthly food expenditure depends almost entirely on three things: the individual, the quality of the meals at the hospital, and the locality.

To present a detailed budget for non-resident nurses would be ridiculously useless. No two individuals have the same expenses during a month, and certainly no two nurses would spend the same for food—not when personal tastes, idiosyncrasies and the matter of cooking play a part.

What about the meals served at the hospital? Do they meet the requirements of good nutrition? Does the nurse feel that each meal is planned to meet

*(Continued on page 30)*



© Ewing Galloway



Courtesy of Twentieth Century-Fox Film Corporation

# Somebody Ought to Tell Hollywood

—by Roxann

Somebody ought to tell Hollywood—

Or maybe I don't get around enough to know what's going on in the best hospitals, though I've seen my share of them—big, little and medium-sized—in all parts of the country. And I'm still looking for the one Hollywood uses as a model. Maybe it's one of the psychiatric institutions, for some queer things certainly go on in hospitals, according to the boys in Hollywood.

I'm thinking especially of two nifty little numbers: one called "Between Two Women," fathered by Metro-Goldwyn-Mayer and another called "Wife, Doctor and Nurse," issued by Twentieth Century-Fox. Not that I mean to pick on these two for doing wrong by Nurse Nell, but they just happen to be handy at the moment.

First of all I want to know—when do these Hollywood-type nurses sleep? They certainly couldn't have heard about eight-hour duty, for these gals

*"Fragile but brave, and with not a sign of a wrinkle in their uniforms, these girls are on deck at all hours of the day and night in the operating room."*

are around practically twenty-four hours a day, running a big city hospital single-handed.

In "Between Two Women," for instance, there was little Maureen O'Sullivan, who was head of the operating room—supposedly. Fragile but brave, and with not a sign of a wrinkle in her uniform, Maureen was on deck at all hours of the day and night in the operating room, and in addition she did private duty for one of Dr. Franchot Tone's patients! Well, if Tone were on staff I'd probably ease into the picture without much urging myself—but show me the operating room head who will sub for an ordinary staff doctor! Also I'd like to see the head nurse who would OK such an arrangement. How Maureen could hold up her heavily mascara-ed eyelashes after such a siege is beyond this particular disciple of Florence Nightingale.

Not that Maureen was any more brave and persevering and constant and all those other nice adjectives than was Virginia Bruce in "Wife, Doctor and Nurse." Oh my, no. As another nurse who viewed this masterpiece said, "She's a paragon of womanly virtues, combining the qualities of Helen of Troy, Joan of Arc, and a female interne. It would take the combined heads of



Courtesy of Twentieth Century-Fox Film Corporation

*"After each operation he retires in a state of exhaustion to his ultra-comfortable den and sinks onto a sofa while 'Steve' soothes his weary brow."*

Emily Post, Pasteur and Paul de Kruif to hold all she knew. No one but Edison could have managed with so little sleep. The doctor worries a little over Mrs. Steeplechase's late appendix and drops in to see how she's doing—and before him, in the flesh, bent on the same errand, is our conscientious nurse. And that's not all. After every operation—and it seems that the doctor just can't lift a scalpel unless 'Steve' scrubs to assist him—he retires in a state of ex-

haustion to his ultra-comfortable den and sinks onto a sofa while 'Steve' hands him coffee and cigarettes and soothes his weary brow. Heigh-ho."

#### "NEVER A DULL MOMENT!"

Never a dull moment, say these girls, in their devotion to science—or, more likely, to the men of science. Which reminds me. Isn't there some sort of rule in every hospital to the effect that, socially speaking, the sheep shall be segregated from the goats—I mean that after working hours the nurses don't merge their every interest with those of the all-powerful and all-knowing beings, the doctors? Yeah, I know that rules are made to be broken, and that there's nothing to stop Doctor Jones from parking the 1912 Ford in the hospital parking space and waiting until you're off duty, but I doubt if he would run a 16-cylinder buggy right up to the front entrance and lounge around waiting for you, as they do in the movies.

Furthermore, you probably wouldn't be in any mood after a hard day to go

*(Continued on page 36)*

Courtesy Metro-Goldwyn-Mayer



*"And as for the doctor's bedside technic . . ."*

# Turn Your

# Handicaps

—says

of the Department of Psychology,



Photograph by Lindsley-Barnard

Once—at least—in the lifetime of every ambitious nurse there comes a time when she stops and asks herself, "Is this the job I want? What chances have I for a better one? Is it my own fault that I'm standing still? What can I do about the situation?"

"That's the time when you must sit down and study your own possibilities—take inventory," says Harry Walker Hepner of the Department of Psychology at Syracuse University. "Find out what your personality assets and liabilities are and how to use them to best advantage."

In his book "Finding Yourself In Your Work" (D. Appleton-Century Company) Mr. Hepner emphasizes the point that a certain amount of flounder-

ing around is usually necessary before one can definitely decide upon his life work. Early environment also plays a part, sometimes unconsciously, in one's choice of a vocation. "Examples," says Mr. Hepner, "are the minister who was reared on a farm and still retains the provincialism in thinking and habits that characterized his limited social contacts; or the nurse reared in the slums who now feels that the poor need her most."

"Let us suppose, Mr. Hepner, that a nurse is not satisfied with her present job—perhaps feels that she should never have entered nursing at all—what is the first step she should take?"

"My suggestion would be that she take a test or series of tests, if possible, to find out whether she really should be in nursing or not. There are a number of vocational tests now available if she cannot get first-hand vocational guidance. For instance, after a series of tests were given to 5000 representative members of fifty vocations, we developed a vocational aptitude test which is about 80 per cent accurate."

## THE TYPICAL NURSE

Here is a word picture of the typical nurse, according to the tests Mr. Hepner and his associates made with hundreds of nurses:

Like most other human beings, the nurse is often a contradiction in terms.

# Into Assets

**Harry Walker Hepner,**  
Syracuse University

She does not like to work with imaginary fancies as actors or writers do, yet she reads poetry for relaxation and likes to create artistic things. She will sacrifice pleasure to ambition, but she has little desire to be a public figure or to go around making speeches. She is a systematic person with a liking for details, who prefers to carry one job through to completion before starting another, but she wants to handle this routine in a lively, enthusiastic manner and preferably in an atmosphere where things are



"Study yourself"

happening all around her. That does not mean, however, that she wants to meet dangerous situations, such as those a detective encounters, and she would prefer not to handle a gun though she is right on her toes when it comes to emergencies. Contrary to the general Hollywood impression, the nurse is not keen to marry her millionaire patients or to have great wealth, and she is not inclined to take chances with money. In her spare time she wants to do what any normal American girl wants to do—to dance, play some musical instrument or read, or travel. While she enjoys playing cards, she draws the line at solitaire, for she is a sociable person.

She likes to help people who are in trouble and is quite willing to do so if it involves handling them physically or doing manual labor. And last but not least, she wants to know what Fifth Avenue is wearing and to have a facial and a hair-do whenever finances permit.

"Of course," said Mr. Hepner, "a vocational aptitude test is only part of the routine in determining vocational fitness and personality development. We also give an abstract-intelligence test such as is given in many colleges and other types of institutions; a personality maturity test to find out whether one is a well adjusted, mature adult; and tests of social knowledge which show you whether you are spending too much time with either the lowbrows or the highbrows instead of hitting a happy medium.

## YOU AND YOUR REACTIONS

"The next step—or the first, if you can't take some type of vocational test—is to study yourself and find out how you react to various situations. Do you attack a problem directly and try to find the solution to it? Do you simply try to evade the issue or retreat into yourself and daydream? Or, do you substitute a course of action which may work almost as well? The answers to these questions may determine the basic reasons why a nurse is a success or a failure at her job. The superior person usually meets her problems by attacking them directly—but that does not always hold true. There are times when it is better to go around the bush a bit rather than go at the problem head on, and any nurse with



"Sugar attracts more flies than vinegar"





"... in a lively manner"

common sense will know when a situation should be handled that way. On the other hand, constant evasion and retreat from one's difficulties make for restlessness, incompetence and unhappiness.

"The nurse need not ask herself, 'Am I evading the issue?' She knows she is! If she walks right up to the problem, deals with it in a decisive manner, dusts off her hands and goes on her way she will be much happier because she has overcome one fear—and if she does this often enough her tendencies to oversensitiveness and doubt will disappear.

"Also, while physical disabilities sometimes are real handicaps, more often the trouble lies in unwholesome attitudes and mental habits. The nurse may be afraid of losing her job, jealous of her co-workers, feel that she has no chance to make good. She creeps into a shell of reserve, speaks almost in a whisper, is doubtful about her own ability, and is afraid to take any initiative. She may use illness or 'nerves' to give her the sense of importance which she cannot otherwise obtain or as excuses for not facing her problems. This negative, morbid outlook on life must be turned into a cheerful, positive attitude before she can hope to succeed."

"But, Mr. Hepner, what about the nurse who is sure that she has no opportunities to succeed—no 'drag', in other words—and will never amount to anything?"

"I'll grant that politics may occasionally play a part in getting ahead, but in the great majority of cases those who have reached the top have done so in spite of the fact that they came from

a poor environment, had no money and no 'pull.' Very few failures have a right to use the alibi 'I couldn't help it.' The reasons back of those failures lie, in 99 cases out of 100, in the *personality of the individual* and her method of coping with her problems. This type of person feels that people 'have it in for her' or that her true worth is not appreciated. The truth is that she may have a putty personality—in other words, she does what she believes other people expect her to do, she 'yesses' her superiors instead of saying 'no' tactfully when no is the correct word, she follows suggestions slavishly but never makes any of her own. On the other hand, she may be a chronic 'no' man who is against everything and everybody for no good reason except to be cantankerous and to feel important. The only hope for this type is in getting her to realize that sugar attracts more flies than vinegar!

"Another thing—the nurse who wants to stay young and to get ahead in her profession should not go backward in her thinking. By that I mean that she should live in the future, not in the past. Old age comes just as soon as the past appears to be more pleasant than the future and the present."

#### GETTING ALONG WITH PEOPLE

You may know nursing from A to Z, but if you can't get along with people you'll never get anywhere, says Mr. Hepner. You can't put on a smile as you would a lipstick—it must be sincere, not on the surface. When you shake hands, for instance, let the other person know that he is grasping a hand, not a dead fish. If you've gotten into the habit of being reserved, suspicious, jealous, conceited, uncooperative, snobbish or sarcastic, check up and see if you don't use these attitudes merely to cover

up your own deficiencies and evasions. If you're irritable and touchy and there is no physical basis for it, it's a pretty safe guess that you are maladjusted and that you had better get busy and do something about it before you lose all your friends as well as your job.

Here is what Mr. Hepner says about making yourself interesting to others:

"The person who uses the habit of direct attack in social relations needs few suggestions for making herself interesting to others. She does not need to learn many rules on manners—she senses what people expect of her because

she learns to feel as they do. She respects their moods. She just naturally asks them the right questions or starts topics of conversation that interest them. The woman who has



"... be a good listener"

many friends has learned to adapt herself to their peculiarities; she knows some of the difficulties they have faced and are facing and the conflicts in their minds, but she mentions them not at all or only in a sympathetic way. She does not try to change them, but likes them as they are, not as she might wish them to be.

"In other words, if you want to have friends you must be a good—perhaps I should say intelligent—listener. Know what topics of conversation to avoid by studying the likes and dislikes of your acquaintances. On what topics are they enthusiastic talkers? Many a reputation for being a brilliant conversationalist has been built on a foundation of good listening and letting the other person

talk about himself and his interests. But in order to be a good listener you must be able to identify yourself with the other person's personality, know how it would be to find yourself in a similar situation, and understand what makes him 'tick.'

"In order to get the highest degree of vocational and personality development you must learn the art of associating happily with all classes and types of people. Fortunately, most nurses have this faculty to an unusually high degree. Tests we have made with hundreds of nurses show that they like to deal with all types of people—rich and poor, young and old, black or white, city or country. If you don't have this talent for liking all types of people, perhaps you should choose another vocation, for certainly a sympathetic attitude is one of the prime requisites of a good nurse."

#### ARE YOU OUT OF A JOB?

Do you sometimes wonder why others get jobs for which you feel that you are better fitted, or why other nurses get many more private duty cases than you do? The answer may lie in the fact that the successful person not only has a better developed personality but has kept up to date with what is happening in nursing, while you have been content to jog along in the same old rut. Why not make a systematic analysis of your abilities and plan how to use them? If you feel the need of additional training and it is not possible to go to a city to get it, organize study groups with other nurses—it's a good way to combine pleasure and business. Read the nursing



"...don't sit in a corner"  
(Continued on page 40)



# Make-up AND LIVE

## Know Your Cosmetics

One woman's beauty is another's *bête noire*.

One woman with a delicate skin can safely use a certain type of cosmetic used also by an acquaintance with a more rugged complexion, and the hardier individual will develop a rash or swelling. The woman with the tougher skin is often convinced that she has been "poisoned" by an inferior product, despite the fact that her friend with the fine skin still uses the preparation with no ill effect.

Most facial dermatitis in cosmetic users is allergic, and to any one with a scientific training it must be apparent that the woman with the rash is simply manifesting her individual idiosyncrasy in an allergic reaction. Moreover, this individual reaction is so fine-drawn that it may take place only under certain circumstances for a short time and then not recur.

It is estimated that ten per cent of our population is allergic to at least one substance. The most common substances acting as allergens with different individuals are foods: strawberries, eggs, milk, etc., and "dust" substances such as certain types of pollen, tiny bits of feathers and the like, which produce the symptoms of hay fever.

Less common are allergic reactions which may give rise to a type of "cosmetic dermatitis."

Any allergic reaction is an uncomfortable business to the sufferer. If the sufferer is a woman who suddenly develops a skin rash which spoils her good looks, she will think it a very serious business. But as Dr. Harry Leonard Baer points out,\* "cosmetic" or "contact" reaction resulting in a dermatitis is non-toxic. What is more, there is no such thing as a "non-allergic" cosmetic because individual idiosyncrasies are so varied that it is impossible to characterize a combination of ingredients in a cosmetic as a "non-allergic" preparation. This statement is based on the recent decision of the American Medical Association when it withdrew its approval from cosmetics claiming to be "non-allergic."

The more intelligent users of cosmetics who are allergic to substances like orris root, rice starch, etc., are beginning to make direct inquiries of man-

\*Dr. Harry Leonard Baer, "Lipstick Dermatitis" *Archives of Dermatology and Syphilology*, Nov., 1935.

ufacturers as to the presence of these elements in their products. But there are still a great many women who believe that an allergic rash indicates an infection resulting from contaminated ingredients in their cosmetics.

A picture of cosmetic manufacture will illustrate the fallacy of such thinking. One of the bigger plants near New York City operates with the efficiency and scrupulous care found in the bacteriological laboratory of a big hospital. This policy is not uncommon among reputable manufacturers.

They maintain a research department manned by a staff of chemists and bacteriologists whose training has given them a thorough knowledge of the action of the many chemicals entering into the composition of cosmetic preparations on the skin. In back of these men stands a corps of consulting dermatologists, whose conclusions are based on clinical research.

When a sample cosmetic is made up by this research division, it is tried on the women workers of the organization. Practically every skin type, in color and texture, is represented in this group. Each employee is encouraged to give her reaction, and from this intramural clinical testing the chemist gets the reaction of a cross-section typical of his market.

After these tests, the cosmetic is accepted for manufacture. The various ingredients which comprise its formula are submitted to the "control laboratory." Each of these ingredients must meet U.S.P. or even higher standards of purity. Most of them must also come up to the additional standards set by the manufacturer, whose market is for a quality product.

The chemists bring to their work in the control laboratory a mental attitude similar to that of a detective on

the Homicide Squad: everything is suspect until proved innocent. These control tests are frequent, samples being taken at intervals from batches of chemicals as they are delivered or used. As a result of this supervision many facial creams placed on the market are practically sterile, presenting, moreover, an environment hostile to the growth of bacteria.

Subsequent steps of manufacture take place under conditions that are as sanitary as those accompanying food manufacture. When the preparations are ready for packaging, there is a final test by the control laboratory. Under this rigid policing, it is practically impossible for an "impure" product to reach the consumer who uses the cosmetics of a reputable manufacturer.

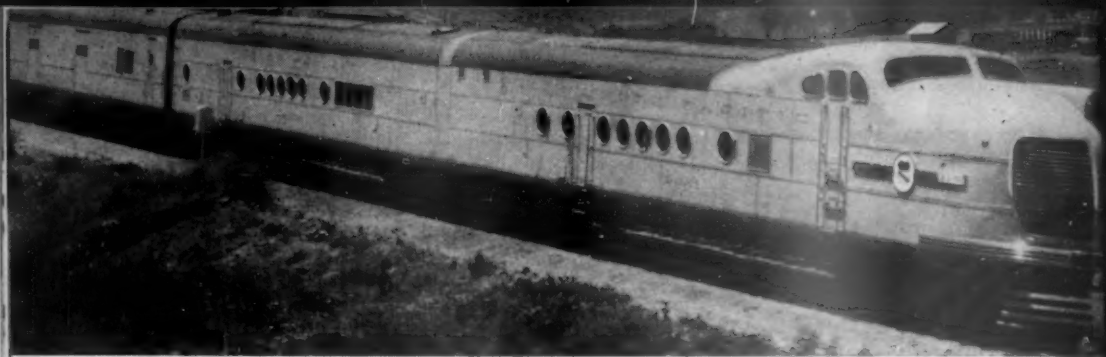
Briefly, the reputable manufacturer of cosmetics safeguards, as a matter of policy, the purity of his product. It would be a contradiction in terms to claim an absolutely "non-allergic" quality for his product; all he can do is to make his preparations free of the known common allergens.

The manufacture of some cosmetics is essentially simple; others are rather complicated to produce. Some may con-

*(Continued on page 32)*







Courtesy of Union Pacific Railroad

"Working on the railroad" is considerably different from the career I had planned in my training school days. Then I had visions of a lifetime spent in a big general hospital, which would be full of quiet bustle, but definitely stationary. Now I am a stewardess-nurse and my days and part of my nights are spent in the narrow, turbulent aisles of a speeding train.

The work is different from hospital routine, of course, but it is just as exacting. There is none of the heartbreak that is often a part of hospital work, but there is just as much responsibility—perhaps more—because the stewardess-nurse is her own ultimate authority.

My run is on the "Shenandoah," the B. and O. train between Chicago and

always on call. However, I have been awakened only three times in the six months I have been on the train and only one case was serious.

Our duties as stewardess-nurses are pleasant, varied and *incessant*. It is this last that makes a day's layover (railroad for day off) so welcome. For example, on the trip from Chicago to New York, we are on the platform at 9:30 in the morning, half an hour before train time, to greet the passengers on their arrival. We introduce ourselves by name and board the train with passengers we think might need our assistance in getting seated comfortably. On the platform children are often turned over to us. Sometimes they come with a note from their parents outlining diet and

# I've Been *Working* ON

by Norma H. Thompson, R.N.

New York. Five stewardess-nurses share this run, each one making about six round trips a month. The trip each way is 21 hours. We are officially off duty at ten at night, arising at six next morning. As in hospital work, we are

suggestions for their care; sometimes an adult accompanies the child to the train, and in these cases they almost always tell us to "use your own judgment." We also note mothers traveling with infants, for it is our duty to pre-



*In mid-summer of 1935, the Union Pacific Railroad employed the first stewardess-nurse to work on a train. For this experiment they hired seven registered nurses. In 1937 there were 70 registered nurses on U.P. trains alone, an increase of 900 per cent in two years. Undoubtedly this is a widening field for the registered nurse, and below one R.N. who is working in it tells about her job.*

pare the baby's formula and deliver the bottle to the mother on schedule.

We carry a well-equipped first aid kit on all trips.

When the train starts we go through the cars, making sure passengers are comfortable. We often stop for a few minutes and chat with passengers who are making their first trip on the line. They are usually curious about and interested in the geographical and historical significance of points along our route, and we always try to answer their questions. The route is so familiar to us that we can locate ourselves pretty accurately by the "feel" of the train, without having to look out the window.

#### **CARE OF CHILDREN**

At meal time, if there are any un-

the same sort of thing they would at home. This is not always the easiest thing in the world. To most children the train journey is an adventure and they mean to enjoy it to the full, but I find that youngsters are amenable if they are promised a treat in the form of a trip to the platform of the observation car.

When two or more children are traveling together without an adult, they are apt to exhibit more of the "holiday" spirit. With such children I unofficially put the older one in charge, telling him how irresponsible very young children are and that he, the elder, must take the responsibility of the younger traveler. This usually works very well and if I permit the older child to order meals for himself and his companion, the method is even more effective.

When my young charges have eaten, I am often called upon to mind an infant while his mother takes her meal in the diner. I am told this feature of stewardess-nurse service is especially

*(Continued on page 42)*

Courtesy of Baltimore & Ohio Railroad



## **on the Railroad**

accompanied children aboard, we take them into the diner and sit with them through their meal. If they are very young, we help serve them. If they are older, we simply supervise their diets and gently but firmly see that they eat

# *Halos* and Ploughshares

—an editorial

A report of the proceedings of the American Hospital Association meeting at Atlantic City in late September states: "There was much criticism of the lack of professional spirit among nurses."

If we admit some truth to this statement we should stop to analyze the causes for it. We might go further and seek to learn how to inject a spirit which seems to be notable for its absence.

Let us keep in mind when we speak of nurses that we are speaking not of Florence Nightingale and her illustrious successors. To them the call of nursing was almost a consecration, consuming their energy and intellect in zeal and devotion. Among such women there is no question of lack of professional spirit.

We refer, rather, to the thousands of women who make up the body of nursing—the staff nurses, private duty nurses, day nurses, night nurses—nurses who labor with enthusiasm and ardor for the small triumph of getting through a day's work completely, or satisfying that triumvirate, the head nurse, the doctor, and the patient. These women wear no halo of glory, and enjoy no special privileges.

Most of them, fortunately, are not fired with any great missionary spirit. They are not crusaders, nor spellbinding reformers. They are simply women who have mastered the art and science of nursing to the extent of filling useful niches satisfactorily and who want to go on earning a living calmly and undisturbedly.

They are very useful people, these conscientious nurses who submerge their own personalities in the needs of the ward, who are superior to trafficking with the question of salary, who will work so long as a sick person remains uncomforted, who do not make sudden unreasonable demands for special days off for their own worldly pleasure. They perform their duties routinely and well, are inarticulate and content to be so, and at the end of the day vanish into an obscurity of their own devising.

But is this professional spirit?

To a few "professional spirit" represents a calling. To the majority, however, it means pride in their chosen work, coupled with an intelligent

and rational desire to keep their technical skill and understanding up to date so that they may *give and take* in this branch of public service.

It is significant that the October convention in New York City of the N.O.P.H.N. in conjunction with the American Public Health Association was said to be notable, not for the lack of professional spirit, but rather for the close cooperation between nurses and doctors. This rapport may be due in part to the very nature of public health nursing in which nurses are respected and important members of the community carrying on their diverse duties hand in hand with the medical profession, and working under conditions which favor self respect and individual expression.

It is possible that the professional spirit does not thrive well except where nurses are permitted and encouraged to help make the conditions under which they would live and work. Modern, well phrased speeches and articles based on scientific management notwithstanding, the fact remains that the majority of nurses in institutional and similar positions have to take pretty much what they can get, and take it cheerfully.

Dr. Dewey has said, "The greatest of all goods is a shared experience."

And the greatest of all nursing organizations are those that welcome participation, not nominally but actually. Paternalism is as harmful to the growth of a professional body as it is to the development of a child who is too closely guided by an adult's admonitions and advice. Evocation and release, the drawing out of latent resources and the allowing of expression to them is as valuable to a group as it is to an individual.

If nurses are to develop more of that professional responsibility which is so abstrusely known as professional spirit it will be for two reasons: first, because they have become an active and appreciated part of their employing organization; second, because official organizations have exerted the wisdom and tact and sagacity which are to be expected from them and have demonstrated imaginative and powerful qualities of leadership.

*Ruby R. Freer*

# Nutrition *Briefs*

Nursing and nursing care have always been closely associated with nutrition and diet. Appreciating that fact we plan to present each month the latest advances in this important field. Each article briefed has been selected first for its practical value and secondly for its scientific source.

College students, absorbed in isms and ologies, are traditionally careless about proper food. More often than not the meal is a hastily munched sandwich, or the thoroughly American doughnut and coffee. "Folly!" exclaims vitamin investigator Jeghers.

Armed with the biophotometer, newest device for determining vitamin A deficiency, he examined 162 students, including an entire freshman class. Of the group, 35 per cent showed photometric evidence of vitamin A deficiency, and 12 per cent showed actual clinical signs such as night blindness, photophobia, dryness of the skin and conjunctivae, blepharitis, and follicular hyperkeratosis.

Of the normal students, 74 per cent ate at home; of the A-deficient group, only 42 per cent benefited from Mother's cooking. Normal students who ate in restaurants spent \$7.00 weekly per person, in contrast to only \$5.50 spent by the subnormal subjects. Sixty per cent of the subnormals ate only one complete meal daily. Closer inspection of the diet revealed that the normals owed their freedom from A-deficiency to increased consumption of butter, cheese, eggs, milk and the leafy vegetables.

Minimum daily vitamin A intake should be 4,000 international units. For optimal benefits, however, and for better ability to attack isms and ologies, students should ingest closer to 6,000 units daily.

Jeghers, H.: *The Degree and Prevalence of Vitamin A Deficiency in Adults*. *J.A.M.A.* 109:10, p. 756, September 4, 1937.



Happy, happy is the woman who sports a trim figure in reward for months of self-imposed starvation. But happiness turns to alarm as, despite a return to steak and potatoes, weight loss continues, even accelerates, and extreme nervousness and tremor appear. Prostrate is she when physicians shake heads and mutter: "Graves' disease."

Such was the tragic history in 14 cases of toxic goitre observed at Massachusetts General Hospital's Thyroid Clinic. In 21 other cases the pre-thyrotoxic weight loss was a result of ulcerative colitis, diabetes, peptic ulcer and other weight-chopping diseases. The entire group of 35 cases are strong indication that malnutrition is not only a familiar result of Graves' disease, but may even be a cause.

Forty-sixers who would become thirty-sixers should take heed lest they leap from the frying pan of obesity into the fire of goitre.

Means, J. H., Hertz, S., and Lerman, J.: *Nutritional Factors in Graves' Disease*. *Ann. Int. Med.* 11:3, Sept. 1937, p. 429.

# Ca

Nobody—well, hardly anybody—gets enough calcium, and nothing seems to be done about it. We all preach about increased consumption of calcium foods, but, ostrich-like, close our eyes to the economic barrier erected between these foods and the low-income groups. Cheapest food sources of calcium are evaporated milk and American cheese; yet enough of either to provide the required daily gram of calcium costs 6.4 cents. The dairy foods are excellent sources of calcium but people won't—*can't*—buy enough of them, and as late as 1936 many American children were pitifully calcium-poor. Time to admit defeat; time to seek a new approach to an old problem.

Thus does able food chemist Gunderson inveigh against food and health authorities. His remedy is simple—people who cannot buy enough high-calcium foods are precisely the heaviest consumers of the low-calcium but inexpensive carbohydrate foods. Suggests Dr. Gunderson, let's boost the calcium content of macaroni, bread, and cereals by direct addition, *during the manufacture*, of low-cost, edible calcium salts.

If the Gunderson proposal is carried out, nurses may soon be able to recommend calcium-fortified macaroni at a cost of only two cents for enough to provide the daily calcium need.

Gunderson, F. L.: *Nutritional Economics of Dietary Calcium*. *Am.J.Pub.Health*, 27:6, June 1937, p. 570.

Time was when city folks envied country cousins for their "better" milk. In fifty years (Pasteur died in 1895) city folks have learned about milk. Today pasteurization is a *must* in all the large metropolitan areas and in 88 per cent of all cities of over 10,000 population. Even certified milk is not too sacrosanct to benefit from pasteurization.

Not so in our smaller American communities. Only 39 per cent of the milk supplies in towns of 1,000 to 10,000 population is at present pasteurized. And in 43 per cent of these small towns *no milk at all is pasteurized*.

Since milk suffers no damage by pasteurization that is important compared with the risks of drinking it raw, city folks need no longer envy country cousins. Thunders the potent *American Journal of Public Health*, "Raw milk . . . should no longer be permitted to impede public health progress."

Editorial, *Am. J. Pub. Health*, 27:9, September 1937, p. 920.



"Is it all right to eat boiled rhubarb leaves when I can't afford spinach?" In answer to such a question, some nurses will smile, others will frown at economic conditions which force such desperate measures on the poor. But *all* nurses should have ready the warning newly issued by public health watchdogs.

The rhubarb plant contains large quantities of oxalates. In the stalk these salts are largely insoluble, hence rhubarb sauce and succulent rhubarb pie may be safely eaten. In the leaf the oxalates are largely soluble, *and therefore absorbable*, as many cases of poisoning and some fatalities bear witness. Poor people had better stick to spinach.

Beattie, J. H.: *Rhubarb production*. Leaflet 126, Bureau Plant Industry, Division of Fruit and Vegetable Crops, U. S. Dept. Agriculture.



# Calling All Nurses

The friendships we have formed in the profession of nursing are more than infrequently the closest and the most enduring we will ever have. Sometimes our "job" takes us to distant points. In an all too human manner we forget to write "that" letter. Years go by all too quickly but the bonds of friendship still exist.

It is the purpose of *R.N.* with its more than 100,000 circulation to be the means of bringing together again these "auld acquaintances."

We shall be pleased to insert any notice (space permitting) from a bona fide nurse seeking the whereabouts of another nurse. Please feel free to use this service. Naturally there is no charge.

**MARBA KERNER:** Formerly of Seattle, Wash. Please write me—would love to hear from you again. Clara E. D. Herskind, 317 West 45th Street, New York City.

**MARY LARKIN:** Do you recall your knitting teacher in the dim past? I hope that since your staff has been increased you have no further excuse for not writing. You have my address. Sue.

**EFFIE BROWN** or "whom so ever" you are now. Do you remember how we scrubbed the walls and bathroom in the good old days of training in Griffin, Georgia? Drop me a line and I will be glad to answer. Your old pal Watson (Mrs. M. Ware, Community Hospital, Phenix City, Ala.)

**STELLA ROGERS SMITH:** All right, if you feel that way about it—it is okay with me. Jean.

**MARIE MOORE:** Thanks for the information in the last issue of *R.N.* Not ready to come back to the hospital or to let you know my address. Please be patient. Pauline.

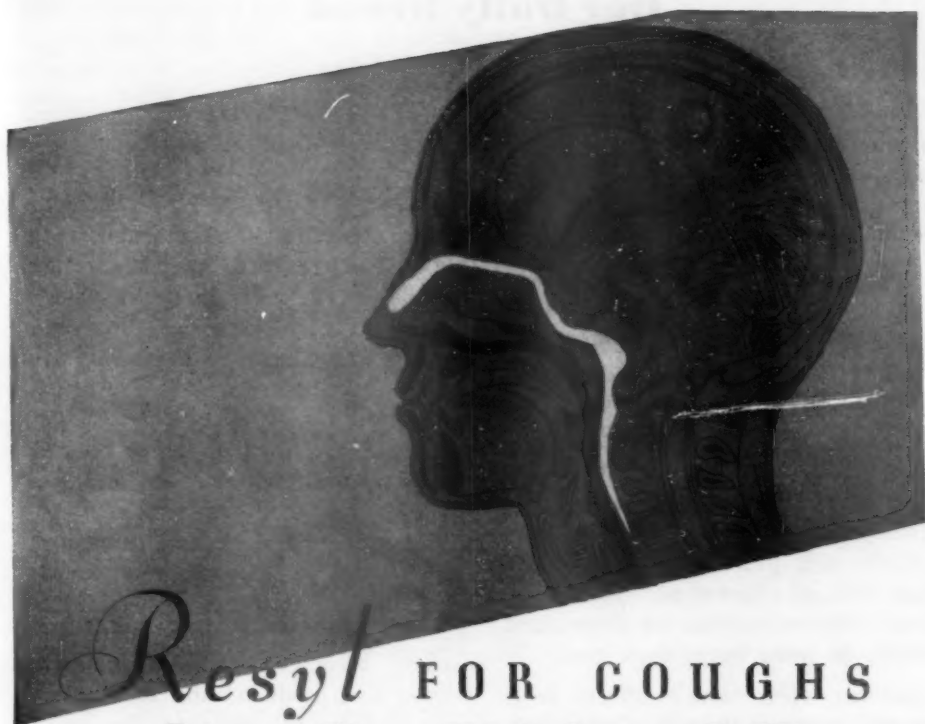
**JOSEPHINE HUSS:** Come out! come out! wherever you are. Don't you think it is time you got in touch with us again? These long periods of silence are anything but polite. This is your last chance. Helen.

**GRADUATES OF NEWARK (N.J.) CITY HOSPITAL:** An exceptionally interesting reunion is being planned to be held in connection with the 50th Anniversary Celebration of this institution next spring. Here is a real opportunity for a genuine get-together. Any graduate of this institution or any one who knows of a graduate of this institution, regardless of present location, please get in touch with Carolyn Schmoker, c/o Alumnae Association of the School of Nursing, Newark City Hospital, Newark, N. J.

**MARGARET MILLER:** Met Charlie McHale on the street the other day and even he did not know your address. For the life of me I cannot figure out the whys and wherefores of the whole performance. Be a good egg and write. Jeanette H.

**MARY O'SWEENEY:** Have done everything possible to locate you. I sincerely hope that this notice comes to your attention and that you will write me and let me know where you are living and what you are doing. Gertrude.

**IRENE LEVANDUSKY:** Lost your phone number. Please phone me if that attractive undertaker doesn't take up too much of your time. C.



## *Resyl* FOR COUGHS Liquefies Thickened Mucus

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## Our Daily Bread

*(Continued from page 13)*

her needs and give her sufficient, well-balanced nourishment? If the meals are inadequate, the nurse will need more substantial food at home. This means spending extra time and money.

The resident nurse will take issue with us here if we indicate that unsatisfactory meals affect the pocketbook of the non-resident only. We realize that in some instances an appreciable amount of each pay check goes toward supplementing the daily diet.

It might be well to add, however, that nurses occasionally criticize the meals unfairly and proceed to supplement them with all manner of "calorie carriers." More often than not these extra calories do more harm than good.

Another item which affects both groups of nurses is the provision or lack of provision of some sort of mid-morning lunch. Many nurses, non-residents particularly, do not have time, or do not take time, to get breakfast. This is a bad habit, of course; nevertheless there will always be some who eat very little, if anything, before going on duty. For this group, as well as for those who do eat breakfast, a little nourishment—however simple—after two or three hours of ward duty will prevent fatigue and enable the nurse to perform her duties far more efficiently and cheerfully. It will also, incidentally, help to total up the food intake for the day.

Locality, the third influence upon monthly costs, includes the section of the country, the city or town, and the proximity of the nurse's apartment to good stores. The cost of living varies considerably in different regions. According to recent figures the rent prob-

lem in the West is, generally speaking, less difficult than in the East.

### METHODS OF ECONOMIZING

Our concern at the moment is with the first of the three factors affecting food costs—the individual. One who is willing to curb expensive ideas and practice simple methods of economy can control monthly expenses to a large extent.

A good way to attack this problem is to arm yourself with current information regarding food commodities. Practically every magazine and newspaper has a page devoted to consumer education and food economy. One discovers what fruits and vegetables are in the market, becomes familiar with new brands and products, and learns new ways of using the less expensive, more ordinary foods. There is an additional advantage in reading these articles—one becomes familiar with new ideas in the field of nutrition and diet. With one gesture this phase of the nurse's professional equipment is brought up to date, and she avoids a misguided food economy which may be detrimental to health.

Intelligent shopping should therefore follow next in the campaign for economy. With a few ideas obtained from reading or from mere observation, a nurse sallies forth to do a bit of shopping. Perhaps the price of lamb chops is reasonable, having decreased several cents within the past week. There is a sale of canned goods at the large grocery store on the corner, and the local vegetable market is offering string beans at eight cents a pound. At any rate she doesn't decide to have steak and fresh

peas for dinner, and then go out to buy her supplies regardless of cost. (Unless it happens to be "special treat night," which is another story!)

A nurse can take advantage of quantity buying, too. Of course she can't use whole cartons of canned goods, nor would she want a barrel of potatoes. However, as an example, three cans of soup at three for a quarter cost less than if bought for ten cents apiece. And the special sales offer an opportunity to buy many articles this way.

The other day two nurses from a nearby hospital sat in a local grocery store with their noses buried in the special sale sheet of the month. Calmly and carefully they were checking all the staple items and canned goods they would need for the next three or four weeks. Their bill, by saving a few cents here and there, was several dollars less than it would have been had they bought these supplies from day to day.

A similar incident is that of three nurses having separate apartments in the same neighborhood, who made up a triple order, and then each took her share of articles. This is feasible only for non-perishable items, of course. But a considerable portion of the monthly bill is for household supplies, soap, etc., canned goods, and staples such as flour, sugar, and cereals.

#### NUTRITIONAL NEEDS OF A NURSE

The nutritional needs of a nurse are greater than those of an individual whose daily work demands less of him physically. A nurse must have plenty of resistance to infection and a store of reserve energy. This means proper diet and nutrition. In terms of calories and vitamins — they can't be escaped — the average daily requirement of a nurse is approximately 2300 calories, 6000 units

of vitamin A, 200 units of vitamin B, and 400 units of vitamin C.

Maybe it isn't interesting to think of all the units of vitamins one needs. On the other hand, when a nurse knows that a glass of milk yields 700 units of vitamin A and a slice of bread none at all, or a serving of oatmeal contains 40 units of vitamin B as compared to none in a pat of butter, she realizes why it is necessary to select foods intelligently.

A skeleton outline of an adequate day's diet for a nurse might be:

- 3 glasses of milk
- 4 tablespoons of butter
- 1 egg
- 1 serving of meat or meat substitute
- 2 servings of a cereal (one whole grain)
- 3 slices of bread
- 2 vegetables (including one green)
- 1 medium potato
- 2 servings fruit (including one fresh)

Fortunately the foods necessary to fulfill these requirements are not as ex-

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pensive as most people think. The total cost for the day, figuring each item at retail prices, is approximately fifty cents. This sort of fare is usually considered too ideal; it is not fancy enough, merely simple and wholesome. Preparing meals along these lines, however, would be very easy—and there is always the challenge to make simple foods more interesting.

Undoubtedly, many nurses feel that there is no fun in coming home after a trying day and fussing with food. Quite right! Especially if a knack at cooking isn't one of your strong points. After coaxing patients to eat, preparing endless nourishment, and heating trays for patients who change their minds rather inconsistently, the kitchen may not always be too inviting. Eating at a restaurant now and then is a good way to break the monotony of meals at home. But if a nurse is interested in well balanced meals, in keeping fit (or possibly controlling her weight) and, last but not least, in economy, she will admit there are advantages in being slightly domestic.

In other words, it ought to be a pleasure to prepare what one really likes, knowing it is to satisfy an appetite wholly respectable and deserving.

## Make Up and Live

(Continued from page 21)

tain as many as twenty different ingredients, and an infinitesimal amount of one of these substances may be sufficient to produce an allergic reaction in the sensitive individual.

Just how small a quantity can produce such a reaction is illustrated in this history of a case of lipstick dermatitis. For several months a woman suffered from an itching dermatitis of the lips, treating herself with various ointments but without improving the rash. When she consulted her physician he suspected the lipstick and had the manufacturer send him samples of the cosmetic in various stages of manufacture. In the patch test, the patient reacted to the lipstick base containing the perfume only. This perfume was about one per cent of the preparation, and the perfume itself was composed of more than half a dozen elements. Of these elements a single one, methyl heptene carbonate, was found to be the allergen. When it was eliminated from his lipsticks by the manufacturer, the patient was able to continue using the lipstick she preferred without any recurrence of the dermatitis.

**FEET AS ACTIVE AS YOURS must have shoes made of**



The smartest dress and duty shoes are fashioned of white LEVOR kidskin . . . the world's best-selling white leather. Try on a pair of white LEVOR kidskin shoes the next time you enter a shoe store. You'll love them! Easy on the foot and easy to keep clean! In all popularly-priced, nationally-known brands.

**KIDSKIN . . .**  
the only shoe leather  
recommended by  
**ORTHOPEDISTS**

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Send for a FREE, informative leaflet: "WHAT TO LOOK FOR IN A SHOE." Just write your name and address along the bottom margin of this page and mail it, or send a postcard.



# Scientifically Blended Salines for Gentle Aperient Action

## SAL HEPATICA



**M**ANY nurses recognize in Sal Hepatica a blend of fine mineral salines, proportioned for gentle efficiency. Taken with plenty of water, Sal Hepatica acts to thoroughly rid the intestines of harmful waste. The colon is flushed and lubricated at the same time.

The alkaline salts of Sal Hepatica aid in neutralizing excessive stomach acid which often accompanies constipation. Bile flow is stimulated so that digestion may proceed more normally.

Sal Hepatica simulates the eliminant action of famous mineral spring waters. It makes a zesty, effervescent palatable drink.

Use Sal Hepatica yourself. It is an effective, economical laxative for children or adults. Suggest it with every confidence when occasions arise.

*Samples and literature  
upon request.*

**SAL HEPATICA** *Flushes the Intestinal Tract and Aids  
Nature to Combat Acidity.*

**BRISTOL-MYERS COMPANY**

**19-D WEST 50TH STREET**

**NEW YORK, N. Y.**

From the standpoint of good business, reputable cosmetic makers are alert to the implications of allergic dermatitis as it affects their products. For this reason most of them employ a consulting dermatologist, in addition to chemists and bacteriologists. Wherever possible substances are eliminated from cosmetics as soon as they are known to be allergens to more than a few individuals.

Orris root, for example, is now considered a fairly common allergen. In itself, it is so harmless that it is sometimes given to babies as an aid in teething. Its function in powder was that of "covering" agent, or what women call "weight" in powder. This substance has been eliminated from their products by most reputable cosmetic manufacturers.

Rice powder is another element used

in powders for a long time. Perhaps because allergy is becoming a fashionable ailment, several women have developed reactions to rice powder. Though not clinically substantiated to any extent, these reactions have impelled some manufacturers to eliminate rice starches from their powders. Rice starch is used in powders because it absorbs moisture, thus tending to prevent a shiny nose. While some well known types of face powder still contain this substance, other elements may be substituted to perform this function.

As mentioned earlier, the more enlightened users of cosmetics who know they are allergic and have also identified their particular allergen are beginning to inquire of cosmetic people which of their products might contain the allergen.

Most allergic users of cosmetics, however, continue to think their dermatitis is the result of infection. Accordingly they pursue the expensive and discomforting trial-and-error method until by accident they find the cosmetic which is free of their allergen.

Less expensive and certainly more comfortable is the simpler act of going to a physician for a scratch or patch test and identifying the allergen or allergens. (Multiple sensitivity is not uncommon among allergic individuals). This done, it is a simple matter to inquire of several of the established cosmetic houses if this element, or elements, is present in any of their preparations and thereafter avoiding those specific products which contain the allergen.

This is the only cure, and it lies wholly within the user of cosmetics herself.

*Refreshing!*

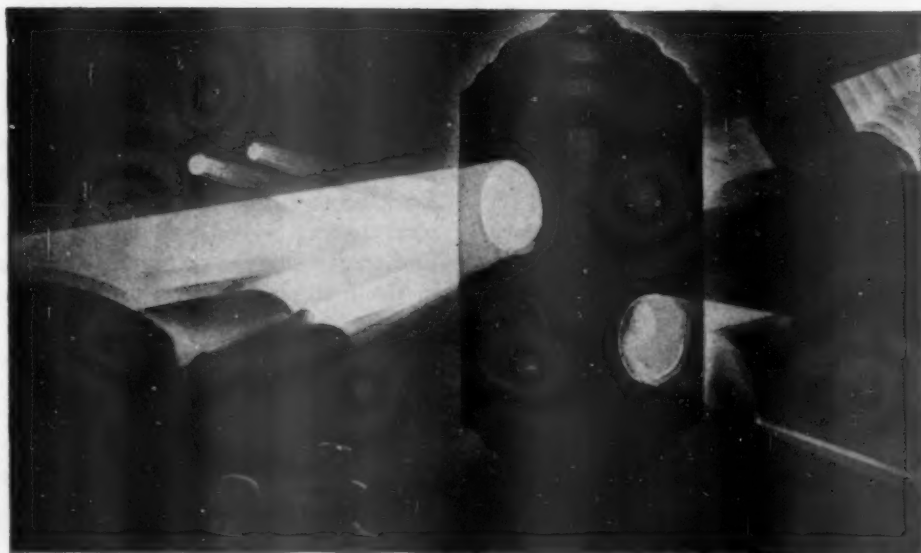


When fever fags the patient, and rooms grow stale, "4711" Eau de Cologne brings a welcome freshness to both. Applied to the brow or temples, sprayed about the room, or burned in a saucer it invigorates both patient and nurse. Ill or well, women and men throughout the world have held the immaculate aura of "4711" Classic Eau de Cologne to be an essential of good taste for nearly a century and a half.

*& 4711*

A FULL LINE OF TOILETRIES FROM BATH TO BOUDOIR

FERD. MULHENS, INC., 25 WEST 45TH STREET, NEW YORK



## *Green Light...* **RED LIGHT**

**F**OOT on the brake, off the brake. Green light, red light, green light. Millions of cars on the roads requiring continuous watchfulness. Pedestrians leaping out of nowhere. You know how hard and nerve-racking a day's driving can be. Headaches are frequent—and often chronic.

Have you ever given Bromo-Seltzer a real trial as an analgesic? It has established itself as an effective pain conqueror. Its rapidity of action is a feature which merits your consideration. In scientific, synergistic proportions, Bromo-Seltzer ingredients are blended—for analgesia, sedation and gentle stimulation of mental activity. Citrates provide carbonic effervescence and combat hyperacidity.

Turn the green light on Bromo-Seltzer. You can suggest it, with confidence, to your patients for relief of pain.

*Samples and literature cheerfully furnished.*

**EMERSON DRUG COMPANY**  
BALTIMORE MARYLAND

## Somebody Ought to Tell Hollywood

(Continued from page 15)

down to the kitchens—which would undoubtedly be closed anyway except for coffee and rolls—and with your own lily-white hands mix up a tray of eatables and bring them to the Great Man in his private office. You wouldn't include on that tray an extra set of dishes for your own meal, and you wouldn't—not more than once anyway—raid the alcohol supply for a cocktail for you and the boy friend. And if your experience with head nurses has been anything like mine you'll get a laugh out of the scene in the M.G.M. opus when Old Stoneface comes in and finds one of her staff cozily swigging gin with the doctor, bawls her out properly—and then asks for a drink herself! The New Deal in nursing is here, girls.

In my spare time, I've been trying to figure out how many city blocks a hospital would have to cover to give each interne one of those modest little Hollywood offices, just an inch or two smaller than Grand Central, with furnishings by some Park Avenue decorator. An ordinary staff doctor—no interne I've ever seen would rate an office anyway—would probably move his battered

old desk with its mound of papers into one corner of the office and use the rest for a miniature golf course. But why worry about it—no hospital could afford to give one doctor that much space in the first place.

### "EMERGENCY CALL"

Another thing I like in these Hollywood hospitals is the amount of emergency work they do. I've always wondered where the ambulances that tear up and down the city streets are going, and now I know. They're headed for Hollywood, where there is always an emergency operation on tap. It's a wonder that the Hollywood doctors don't break under the constant strain of one operation right after another, with hardly time for a cigarette between times. Like their nurses, they must be made of sterner stuff than us eight-hour and twelve-hour gals.

But I forgot—the nurses *do* get a breathing spell once in a while, even while an important operation is going on. I remember that Maureen, scrubbed and sterile, runs out of the operating room to confer with a reporter, and,

## PROOF OF THE PUDDING

CLINICAL results during many years prove the value of Micajah's Medicated Wafers for leukorrhea. Physicians depend upon them for continuous therapeutic effect between office treatments.



MICAJAH'S MEDICATED WAFERS are astringent, styptic and decongestive. Wafer is inserted high up in the vagina after a cleansing douche. Advertised only to medical profession.

Samples on request

MICAJAH & CO., 267 Conewango Ave., Warren, Pa.

DR. \_\_\_\_\_

ADDRESS \_\_\_\_\_



freshly laden with nice, new germs, she trots back to the patient! Maybe she is a sister to some of those other Hollywood nurses who are always fluttering into the room of a pneumonia patient, who is lying flat on his back, and clasp- ing him lovingly in their arms instead of rushing for a pillow to raise his head and give the poor chap a chance to breathe.

Another novel note introduced in "Between Two Women" is the radio call for nurses and doctors in emergen- cies. Have things got to the point where a nurse can't spend a quiet evening at bridge, or in a car, or any other place within range of a radio without being yoo-hooed back to the job? But we'll fool 'em if they ever adopt that system —we'll turn the radio off.

Somebody ought to tell Hollywood also that it may be good theater but it isn't good ethics for a doctor to operate on a patient over the protest of the pa- tient's wife. It just isn't done, except in one case in a thousand. Anyway, I can't see how any doctor *could* operate, with the high-class yelling that the wife was doing in "Between Two Women."

That hospital was a fearful and won- derful thing from several standpoints, beginning with the switchboard opera- tor. The girl turned in a highly amus- ing performance, but she certainly was no hospital switchboard operator. No hospital would tolerate a gum-chewing, slangy, wise-cracking operator for a mo- ment. Then there was the newspaper- man who hung around the place con- stantly. No hospital, regardless of its size, rates a resident reporter—particu- larly since all hospital news is given out by a designated authority and not by any nurse or interne who happens to be around.

## Show Mothers This NEW WAY TO END UNPLEASANT DIAPER WASHING



It's done with Dennison Babypads, the safe, sanitary diaper lining. Made of spe- cial, downy-soft new material, they are light, strong when wet or dry, and just right in size and shape. • Simply place a Babypad on the cloth diaper. Remove when soiled and flush away. Use a fresh Baby- pad every time the diaper is changed. This is the easy way to end all disagreeable diaper care—at a cost of only 3c a day! • Babypads also bring comfort to baby, for they protect the tender skin from the common causes of diaper rash. Enthusias- tically recommended by nurses, doctors, and hospitals everywhere.

### Dennison's BABYPADS

Accept This Full-  
Sized Package of  
**50 DENNISON  
BABYPADS**  
**FREE**  
Use coupon

THE NEW  
SANITARY DIAPER LINING



DENNISON'S, Dept. L273, Framingham, Mass.

Please send me free a full-sized package  
of Dennison's Babypads. I prefer:

☐ Triangular fold ☐ Oblong fold

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### PITY THE DEBUTANTES!

But the nurses and the doctors and the hospitals aren't the only ones to take it on the chin from Hollywood. Pity the poor Park Avenue debbies! What a run-around *they* get. In my sheltered existence as an R.N. I've never had much chance to mix socially with the moneyed clawsses, and maybe the Junior Leaguers aren't overendowed with practical accomplishments, but I

have had some of them as patients and their I.Q.'s are considerably higher than Hollywood gives them credit for. You can't tell me, either, that they all make passes at the handsome young M.D. who yanks out their appendixes when they could have a good husky polo-player with a few odd millions of his own to squire them around to the night clubs and other hot spots. Unless they are complete idiots—which I doubt—they know that as an escort and house pet a doctor is about as dependable as a ghost.

On the other hand, how many doctors fall for the society crew? Some of them marry debutantes with brains, or they may even marry a beautiful nurse or the girl from back home, but the odds are about 100 to 1 that they won't marry a social butterfly who spends her life at parties, hoping that Friend Husband will turn up for a few minutes around dawn.

Of course, the technic these Hollywood debbs employ may account for the high matrimonial mortality among doctors. The Northwest Mounted are just sissies compared to these girls when it comes to getting their man! Mm-m-m, what a system. Maybe Hollywood can learn a few things about nursing from nurses, but the nurses could probably learn a few things about this-and-that from Hollywood. And as for the doc-

### YOUR PATIENTS WILL BE PLEASED

You can give them quick relief by applying Resinol Ointment to any sore, burning, itching or irritated skin surface where a soothing, healing dressing is indicated.

The gentle Resinol medication is specially suited to delicate skins.

Write for a professional sample of both Resinol Soap and Resinol Ointment.

### RESINOL

Dept. RN-1  
Baltimore,  
Md.



# Resinol

## PINEOLEUM REG. U.S. PAT. OFF. with EPHEDRINE

For quick shrinkage of the membranes, Pineoleum is now also available with an ephedrine content—in two forms: *Pineoleum with Ephedrine* in 30 cc. dropper bottles, and *Pineoleum Ephedrine Jelly* in tubes. Samples on request.

THE PINEOLEUM COMPANY • 16 BRIDGE STREET, NEW YORK CITY

tors' bedside technic—a miracle of understatement in some cases—I've met my share of medical Romeos in my time, but I've yet to see one of them park on the side of a patient's bed and—er—hold hands, even when the patient is as beautiful as Virginia Bruce or Loretta Young.

I could also use some information on how these staff nurses manage to get little Patou and Chanel models on their \$75 or \$100 per month. Of course most of us when we're on duty aren't too hard on the eyes in our 1937 model uniforms, but off duty very few of us swank around in English sports clothes and French evening clothes at a few hundred dollars apiece and hats that have that certain something that you never get for less than \$50. But the Hollywood girls can do it! As one of my friends said after a movie recently, "If this sort of thing keeps up some banker is going to come out of ether to find I've taken his romantic proposals seriously."

One thing Hollywood has done for my piece of mind—they have stopped using the turnip watches which used to be standard equipment on every nurse. Every time a patient had his pulse taken the nurse used to haul out a watch about as big as an alarm clock and start counting. I often wondered how she could count a pulse beat with one of those watches hammering away like a riveter.

Good old Hollywood! They go to such lengths to create a story about nurses and hospitals when the real material offers more laughs and tears than any situation they could invent. Any wide-awake staff nurse could tell them that.

In the meantime, I think I'll write a scenario on my next day off!

## More Satisfied Patients with these Schoonmaker Preparations

**Quick and comforting relief  
brings good will for you.**



**For Head Cold Sneezes  
and Sniffles**

# ZYL

Unguentum Eucalypti  
Compositum cum Ephedrinum

**For Nasal Congestion  
and Irritation**

# V-E-M

Unguentum Eucalypti  
Compositum

**For Minor Rectal  
Irritations and Pruritis**

# SUAVINOL

Balsamic Ointment

*Samples and literature gladly sent  
to Registered Nurses on request.*

**Schoonmaker Laboratories, Inc.**  
CALDWELL, NEW JERSEY

*Makers for 20 years of fine mucous membrane ointments with convenient applicators*

## Turn Your Handicaps Into Assets

(Continued from page 19)



"...When you shake hands" have changed since you were in training school, and the new journals can show you many ways of saving time and effort in your work. Furthermore, if you grow in professional ability, others will respect you

publications and as many of the newer books on nursing and medicine as you can lay your hands on. Times may

even though you do not talk about your increased learning. They will sense it.

"Above all things," says Mr. Hepner "believe in yourself. If you are sure of your abilities, don't hide in a corner and wait for somebody to come along looking for you—they won't do it, except in unusual instances. You have to learn to sell yourself when you go looking for a job. Many persons of real ability have never learned this important thing. If you have ability along some special line, say so in a firm tone. Don't mumble or hesitate. If you are writing a letter of

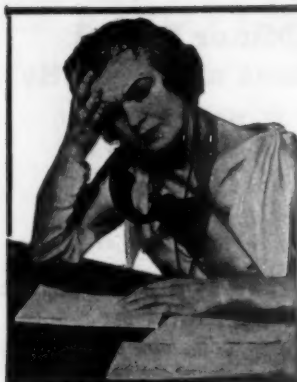
# Best for Baby Chafing

# B.T.A.

Prevent—or if chafing does occur—prescribe B.T.A. Unguentum. Soothing and effective in application. Available in 1 and 4 oz. jars.

• Clinical sample on request •

B. T. A. PHARMACAL CO. • 185 Madison Ave., N. Y.



### Ease those "Off" Days— at work or in her home.

Many Physicians recommend this safe and long tested  
**ANTISPASMODIC AND SEDATIVE**

### HAYDEN'S VIBURNUM COMPOUND

**NO NARCOTICS... NO HYPNOTICS**

Indicated not only in general medicine but  
also in Obstetrical and Gynecological practice.

*Trial Sample with Literature to Nurses*

**NEW YORK PHARMACEUTICAL CO.**  
**BEDFORD SPRINGS** **BEDFORD, MASS.**

## HVC

application, list in an orderly fashion the things you can do and don't leave out even the smallest detail—if it has a bearing on the subject. Do a complete but concise job. If you are really competent, you need never be without a job.

"Or perhaps you have a job but there doesn't seem to be any future to it. If there are definite reasons why you can't advance, as is the case occasionally, you'll simply have to look for another job. But almost any job offers some chance to get a larger salary and a more responsible job if the nurse is alert and makes the most of her opportunities to show her interest in her work and in the institution that employs her. She can probably see little ways in which to improve the daily routine and simplify it. If she can, she should first make sure that her ideas are sound, and then present them to her immediate superior."

"What if the superior takes up the ideas and presents them to those in authority as her own?" the interviewer asked.

"Occasionally that will happen," Mr. Hepner admitted. "But the majority of executives are honest in giving credit where credit is due. In any case, if you go over the head of your immediate superior and present the thought to the highest executive, you can be fairly sure of one enemy who will do everything possible to block you in your progress up the ladder, particularly if the idea is adopted and must be enforced by your immediate superior. Even if such suggestions do help to advance your superior, you in turn will get a break when a better job comes along.

"Furthermore, don't worry too much about the question of 'drag' or develop a complex on the subject. Naturally personal friendships, blood relationships or personality preferences play a part in advancement—they always will! So, as

## The Best Way to Treat a COLD



## R.N. Right in the Nose

Why dose up with a lot of medicine when the best that any medicine can do for colds is to relieve them? Every doctor knows that nothing has yet been discovered to cure a cold. Colds can be effectively relieved by treating them where they start—Right in the Nose—with medicated vapors which reach up into the many inner nasal canals.

Inhale a few drops of Vapex on a handkerchief and the vapors safely soothe and comfort the inflamed nose passages. That makes breathing easy—clears the head—relieves the misery of the cold. At night, a little Vapex on the pillow makes breathing easy.

One bottle of Vapex should last a family—an entire winter.

**E. Fougera & Co.,  
Inc., New York  
Distributors**



# VAPEX

I said before, it's up to you to build up your personality and your friendships to the point where your superiors will think of you first when promotions are in order.

"Incidentally, don't forget that your superior is human and that if she is crusty or hard to get along with there may be a good reason back of it. Once you understand that reason you may find it easier to excuse her unreasonableness or bursts of temper and your contacts will be more pleasant.

#### ARE THERE TOO MANY NURSES?

Sometimes the cry is raised that there is a surplus of nurses. Mr. Hepner says, "Women often say that there is a surplus of workers in their occupations. But in almost every occupation there is a shortage of women workers *who are enthusiastic about their work*. We have

plenty of industrious nurses, but a shortage of nurses who are expert in caring for patients with certain ailments, such as mental disorders, communicable diseases, etc. In short, there are plenty of problems waiting for the thoughtful efforts of intelligent women willing to prepare themselves for dealing with problems.

"Very few persons are born with a talent for a specific kind of work. Excluding the few occupations that require unusual sensory or muscular capacities, any normal person, so far as his nervous system is concerned, can enter any occupation and succeed in it. Then, too, a person of average intelligence often succeeds more markedly than an individual of high intelligence—the average capacity fellow knows what he wants and goes after it persistently, whereas the high-intelligence individual may lack a strong push-from-within."

### "I've been working on the railroad!"

(Continued from page 23)

popular and that mothers with young infants much prefer traveling on trains where such service is available.

After breakfast I make another tour of the train. On this trip I may be asked to send a few wires, or "How do I get

to Little West 12th Street in New York?" Although I have never seen Little West 12th Street, I can answer the question in detail, for we carry street maps of New York, with transportation facilities marked.

## Mu-col

A BALANCED saline-alkaline prophylactic and detergent for general use. Recommended by physicians as non-irritating for all mucous surfaces. A necessary adjunct to feminine daintiness.

Also valuable for skin irritation and burns. In a foot bath it brings quick relief to tired, tender feet.

Sample is free to nurses; please use the coupon.

----- THE MU-COL CO. -----  
Dept. R.N.-117, Buffalo, N. Y.

Please send sample.

Name ..... R.N.  
Address .....



### THE EMERGENCY CASE

On a great many trips I have at least one passenger as a patient. Most cases are little more than nervous indigestion, or some other minor mishap. Occasionally a real emergency arises, however. That is when the nurse must exercise her initiative. As I said, our first aid kits are very well equipped, but this equipment is considerably less comprehensive than that of a hospital, and for that reason we prefer to place serious cases in the hands of a doctor. While administering first aid to the patient, we wire ahead for a doctor and have the passenger placed in his care at the next stop.

One of my recent passengers had a chronic heart condition. She had an attack on the train and I administered digitalis, which she carried in her purse. She came around nicely in a short time and was able to continue her trip. An-

other passenger was stricken with a severe digestive disturbance. He was in complete collapse and I had him placed in a doctor's care at Akron.

I know of one passenger who went from Coast to Coast with an infection that was treated almost completely by stewardess-nurses. This woman suffered a slight pin scratch as she began packing in California. It was so trifling that she paid no attention to it and boarded a train for Chicago. On that train it was a stewardess-nurse who noted the growing infection and realized its seriousness. She gave it first aid treatment and persuaded the passenger to have the finger lanced as soon as possible. This was done by a doctor in Omaha. Anxious to get back East, the passenger boarded a train for Chicago and it was at that point I picked her up. She told me of her experience with other stewardess-nurses and expressed her gratitude.

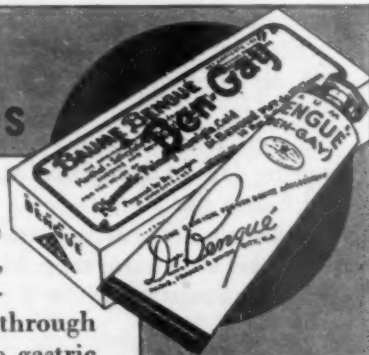
## Quick Relief for Painful Joints and Muscles

When muscular aches and pains must be overcome in lumbago, neuralgia, pleurisy, chronic rheumatoid conditions and influenza Baume Bengué provides rapid relief through effective salicylate medication free from the gastric upset that so often accompanies salicylates by mouth. It increases local blood supply, overcoming congestion and clearing the tissues of accumulating toxins.

Because Baume Bengué is not only effective but also completely harmless, it may be used with confidence whenever aching joints and muscles clamor for relief.

*Sample to nurses on request.*

THOS. LEEMING & CO., Inc. 101 W. 31st St., NEW YORK



Influenza  
★  
Rheumatoid  
and Arthritic  
Conditions  
★  
Lumbago  
★  
Myalgia  
★  
Sprains and  
Bruises

She said: "You girls have fed me," (she was unable to cut up her food) "put me to bed, and changed dressings on my hand all the way from California to New York. I'm going to miss all this attention terribly."

#### A DAY'S WORK

During my average day on the trip I find, on making out my report, that I have chatted with some twenty or thirty passengers about the journey; answered half a dozen questions about places in New York and Chicago; sent a couple of wires; prepared formulas for an average of two infants and cared for them while their mothers were in the diner; accompanied one or two lone children to the diner for all meals, with subsequent trip to the observation car. I have also tended whatever passengers are ill; undressed and put to bed my child passengers; and finally adjusted the temperature on the air-conditioning apparatus in all cars, before I am ready to turn in.

I can go to my berth at ten, but usually I stay up until about eleven. By that time I have literally worked "the livelong day" of the railroad man's song, and I sleep like a top.

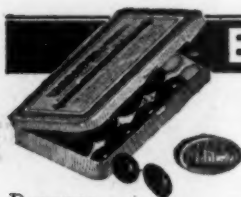
When the train arrives at its destination I bid the passengers goodbye, then go to headquarters where I make out

a detailed report on the incidents of my trip. Then I am free for a day if we are in New York, or for two days if we're in Chicago.

My home is in Chicago and my New York hotel accommodations are supplied by the railroad. They maintain a good-sized room in a hotel near the terminal and each stewardess-nurse on the line spends at least one night a week there. We even have our own ironing board and iron to freshen up our clothes.

My experience in seeking this job and getting it is probably typical of that of all stewardess-nurses. I had been with St. Luke's Hospital in Chicago for several years when I was offered the opportunity to go with the B. & O. I was very much interested and presented myself for an interview. The requirements for the job were: age 25 to 35, unmarried, with at least three years of hospital work as background, and prior to that a few years of college. The college work is not an absolute necessity, but it helps. The "personality" requirements are: a neat, smart appearance; a well-modulated voice, good posture and an even disposition. An "even disposition," I learned, is one in which tact, patience, tolerance, initiative, imagination and quick-wittedness

(Continued on page 48)



## ERGOAPIOL (SMITH)

### A Menstrual Regulator . . .

When the periods are irregular, due to constitutional causes, Ergoapiol (Smith) is a reliable prescription. In cases of Amenorrhea, Dysmenorrhea, Menorrhagia and Metrorrhagia, Ergoapiol serves as a good uterine tonic and hemostatic and is valuable for the menstrual irregularity of the Menopause. Prescribed by physicians throughout the world.

#### Dosage:

1 to 2 capsules 3 or 4 times daily. Supplied only in packages of 20 capsules.

Literature on request.

**MARTIN H. SMITH CO. • 152 Lafayette Street • New York, N. Y.**

# Interesting Products

*The paragraphs below are in a sense an abstract of current literature and samples available to registered nurses by commercial houses. They are listed here as a service to our readers. In writing to these concerns it will be to your advantage to stress the fact that you are a registered nurse and a regular reader of R.N.*

—Managing Editor.

**KRYOFINE "CIBA":** This product is an analgesic and antipyretic. It is indicated in various types of headache, dysmenorrhea, neuritis, febrile conditions, etc. This product is unlike amidopyrine and does not contain the pyrazolon nucleus. Its action, it is claimed, is prompt in suggested dosage and is without undesirable effects. A professional supply will be sent to all registered nurses addressing Ciba Pharmaceutical Products, Summit, N. J.

**GLYKERON:** A cough mixture possessing double action of respiratory sedative and stimulating expectorant. As such, it relieves the distressing cough while it loosens bronchial phlegm. Containing no sugar or syrup, Glykeron may be administered to diabetics freely and is very palatable. Especially indicated for fall and winter coughs, chest colds, bronchitis, laryngitis and bronchial asthma. For booklet "Cough — Its Symptomatic Treatment" write Martin H. Smith Company, 152 Lafayette Street, New York, N. Y.

**FEMICEPTIN POWDER:** Something radically new in douche powders . . . for a scientifically controlled acid douche, with a hydrogen-ion concentration identical with that of normal vaginal secretion, a surface tension half that of water, and a phenol coefficient of 250. It is highly antiseptic, detergent, deodorant and healing — non-astringent and non-irritant. Indicated for use as a general cleansing, deodorant and therapeutic agent for vaginal irrigation. Send for your introductory supply of "Femettes," — individual dose units of pre-

determined quantity for 2-quart solution. Address Fem Products Company, 121 East 114th Street, New York, N. Y.

**LUPEX:** A humulus lupulus compound, in capsule form, markedly effective in relieving the pains of dysmenorrhea and metrorrhagia. The relief obtained by the use of Lupex is due to its therapeutic action directly on the uterine muscle. Lupex is advertised only to and through the profession. Physicians and registered nurses may obtain free samples and literature by addressing The Lupex Company, Incorporated, Garden City, N. Y.

**TAMPAX:** These tampons, made of highly absorbent cotton, are compressed to one-sixth their original size, making insertion easy and allowing for expansion when moist. A patented applicator insures correct and hygienic insertion, and a strong cord is sewed to the cotton, assuring simple and complete removal. The tampons are indicated for nearly all cases of normal menstruation. Interested nurses can obtain a full-sized package of Tampax and an informative folder by addressing Tampax, Incorporated, Dept. RN2, New Brunswick, N. J.

**COCOMALT:** A scientific food concentrate of sucrose, skim milk, selected cocoa, barley malt extract, flavoring and added vitamin D. Cocomalt adds 70% more food energy to milk. It provides extra proteins, carbohydrates, mineral nutrients (calcium and phosphorus) and is rich in vitamin A. A generous sample is offered to all registered nurses addressing R. B. Davis Company, Hoboken, N. J.

# Classified

Every one is looking for a better type of employment. It is a natural human trait. The difficult part is to know when and where that ideal job is waiting for you.

It is the desire of *R.N.* to take a decidedly active part in your search. We want to be the means of bringing you and the job together.

Each month—using our many facilities—we will list openings currently available. We will forward your letters of application to the interested persons. To further assist you we will *without charge* insert a four-line classified in which you can tell the world (our circulation is more than 100,000) about your qualifications and have the job seek you.

Naturally, space for this type of service is limited, so it will have to be a policy of "first come first served." To assist you in arranging your ad, figure six words to the line.

## POSITIONS WANTED

**GENERAL DUTY:** Aged 36, Protestant, graduate of Hillman Training School, Birmingham, Ala. Desires work in some small private hospital in Texas. \$70 and maintenance. Box 11-1.

**GENERAL DUTY:** Age 23, Catholic, graduate of large Illinois hospital. Registered in Illinois and Iowa. Two years' private duty and relief general duty experience. Desires work in large hospital. Salary \$75 and maintenance. Box 11-2.

**HOSPITAL HOSTESS:** Eighteen years' experience in private duty. Aged 47. Five feet tall, weight 130, Protestant. Desires work in Southwestern states. Full qualifications sent on request. Box 11-3.

**GENERAL DUTY:** Protestant, single, age 31, five feet six inches tall, weight 136. Six months' postgraduate course, six years' experience, desires location in the South. \$60 or \$70 minimum and maintenance. Box 11-4.

**SUPERINTENDENT:** New York City Hospital graduate desires position as superintendent of hospital without training school. Age 44. Experience as night obstetrical and operating room supervisor, also superintendent of small hospital in complete charge of purchasing food and supplies. Salary open. Box 11-5.

**SUPERINTENDENT:** Superintendent of hospital. Can furnish best of references. Has had 25 years' experience. Salary open. Box 11-6.

**GENERAL DUTY OR HEAD NURSE:** Colored R.N., age 28, graduate of General Hospital No. 2 in Kansas City, thoroughly capable. Salary open. Box 11-7.

**GENERAL DUTY:** Registered nurse, age 30, height five feet seven inches, weight 126, graduate of 65-bed hospital. Three years' private duty experience, two years of college work, three years as teacher in public school. Desires general duty work in general, surgical or maternity hospital in Southern or North Central state. Box 11-8.

**SUPERINTENDENT:** Superintendent of nurses. Recent college graduate, twelve years' experience, postgraduate work, intimate understanding of training school work and state requirements. Protestant. Salary \$200 and maintenance. Box 11-9.

**SCIENCE INSTRUCTOR:** New York State registered nurse, 6 years' teaching experience in large hospital. Recent college graduate. Have credit for all courses found in nursing curriculum. Salary \$135 and maintenance. Box 11-10.

**MALE NURSE:** N. Y. Reg., available in New York City 8 a.m. to 2 p.m., G.U., alcoholic and medical nursing. Research work drugs, treatments. Salesman for nursing and medical supplies. Box 11-11.

**MALE NURSE:** Age 28, reg. New York, Bellevue Hospital graduate, experienced general and psychiatry, interested in emergency, industrial or doctor's office. Box 11-12.

## POSITIONS AVAILABLE

### Anesthetists

\***MICHIGAN:** Postgraduate training and experience essential; Protestant, age 30-35. 130-bed general hospital, training school. Salary sufficient to attract well qualified nurse. NC467-RN.

\***IOWA:** Large hospital requires experienced anesthetist, minimum salary \$100, maintenance. Very desirable location. NC468-RN.

\***NEW YORK:** 150-bed hospital; New York City. Salary \$90.00 and maintenance. NE27-RN.

\***PENNSYLVANIA:** 100-bed hospital; Pennsylvania; two other anesthetists employed. Salary \$90.00 to \$100.00 and maintenance. NE29-RN.

### Assistant Superintendent of Nurses

\***NEW YORK:** Small hospital within easy reach of New York City; age 28 to 45; knowledge of anesthesia necessary. Salary \$110.00 and maintenance. NE17-RN.

\***MASSACHUSETTS:** 250-bed hospital located in Massachusetts; applicant must be familiar with training school records; Protestant. Salary open. NE18-RN.

### Dietitians

\***OHIO:** 110-bed general hospital. Must be experienced, minimum salary \$100, maintenance. Position open in Spring. NC469-RN.

\***INDIANA:** 90-bed general hospital, no training school. Protestant, 30-35 years of age, single. Start \$70, maintenance; opportunity for increase. NC470-RN.

### General Duty

\***OHIO:** Small private hospital, active surgical service. \$90 month to experienced floor nurse qualified in surgery. NC471-RN.

\***IDAHO:** Small hospital, 8-hour schedule, alternating night duty; \$70, maintenance. NC472-RN.

\***ILLINOIS:** Experienced, capable of taking full responsibility at night. 30-bed private hospital; all graduate staff. \$80, maintenance. NC473-RN.

\***NEW JERSEY:** Second nurse in operating room, 75-bed general hospital; all graduate staff. \$70, maintenance with excellent opportunity for advancement. NC474-RN.

### Instructresses

\***NEW YORK:** Large hospital within easy reach of New York City; N.Y.R.N.; citizen; experience. Salary \$1,530 and maintenance. NE21-RN.

### Industrial Nurses

\***NEW YORK:** Graduate nurse; X-ray and laboratory technician; for New York office of large industrial company. Salary open. NE22-RN.

### Night Supervisors

\***NEW JERSEY:** 100-bed hospital; New Jersey; experience with students and small-town hospitals; must be interested in teaching students. Salary \$100.00 and maintenance. NE33-RN.

\***NEW YORK:** 250-bed hospital; New York City; N.Y.R.N. Salary \$100.00 and maintenance. NE34-RN.

\***NEW YORK:** 200-bed hospital; Westchester County; eight-hour day; six-day week; one assistant night supervisor with whom the night supervisor alternates for time off duty. Salary \$105.00 and maintenance. NE35-RN.

\***NEW YORK:** 200-bed hospital; New York City. Salary \$80.00 and maintenance. NE36-RN.

\***SOUTH:** 125-bed Southern hospital. Salary \$75.00 and maintenance. NE37-RN.

### Superintendents

\***PENNSYLVANIA:** 50-bed hospital. Registered nurse, middle aged; with homeopathic training. Salary open. NE11-RN.

\***MICHIGAN:** Registered nurse of Michigan or eligible for same; 100-bed T. B. hospital located five miles from nearest city. Salary \$1,500 to \$1,600 including meals. NE12-RN.

### Superintendent of Nurses

\***SOUTH:** 60-bed general hospital, approved by American College of Surgeons; small training school. Duties include instruction and disciplining of students; assistant employed. \$120-\$150, maintenance depending on qualifications. NC479-RN.

\***WEST:** 150-bed general hospital, training school; University affiliation. Must be qualified to direct nursing care of hospital and education of students, degree not essential. \$150, maintenance. NC480-RN.

\***NEW YORK:** Large hospital, New York City. College degree and experience necessary. Salary open. NE15-RN.

\***PENNSYLVANIA:** Large hospital, Philadelphia. College degree and experience necessary. Salary \$3,000 and maintenance. NE16-RN.

### Supervisors

\***ILLINOIS:** 35-bed private hospital needs experienced surgical supervisor with postgraduate training, and ability to supervise nurses; also act as assistant to chief surgeon. Excellent opportunity for nurse not over 35; salary open. NC482-RN.

\***INDIANA:** Days, 120-bed tuberculosis hospital. Starting salary \$75, maintenance, excellent opportunity for advancement. NC483-RN.

\***PENNSYLVANIA:** Night supervisor Obstetrical Department, large hospital; \$90, maintenance. NC484-RN.

\***PENNSYLVANIA:** Surgical and medical ward, 225-bed general hospital. Must have experience and postgraduate training in surgery or ward supervision. \$85, maintenance. NC485-RN.

\*Indicates this position listed by Placement Bureau.



## ... Working on the Railroad

(Continued from page 44)

are blended in about equal parts. These qualities must come into use many times during the day's work of a stewardess-nurse.

Several other girls besides myself were called in for the initial interview. As it turned out, this was the first and last interview we had, for those of us

who were acceptable were hired that day. We were given the physical examination required for all railroad employees; we were asked about our background and experience and then told to report within a few days. I noticed, during this interview, that good posture was of some importance in an applicant, and now I know why. There's a lot of standing and walking in this job and a good posture helps prevent fatigue.

We then entered a period of training in railroading for about two weeks. We learned something of the signal system; the way trains are made up and the function of every employe on the train. At that time, our duties apart from nursing and tending children had not been definitely outlined. As a matter of fact, many of the services that are now routine "just grew."

It is just a few months since I went on the road, but I have become as accustomed to the Shenandoah as to a home, and to the precise routine of railroad life as though I were born in a caboose.

Railroad work has some real material advantages. All of us stewardess-nurses as railroad employes participate in company insurance; we participate in the pension; we are entitled now to free passes on our own line, and as length of service increases, we shall be given passes on other railroad lines. Our uniforms are supplied and maintained by the railroad.

In addition to these material advantages there are some personal ones that I find just as appealing. The old saw about newspaper work "You must meet such interesting people!" is really true in my job. The passengers are not only interesting and often famous, but they are friendly and appreciative as well. I like working on the railroad.

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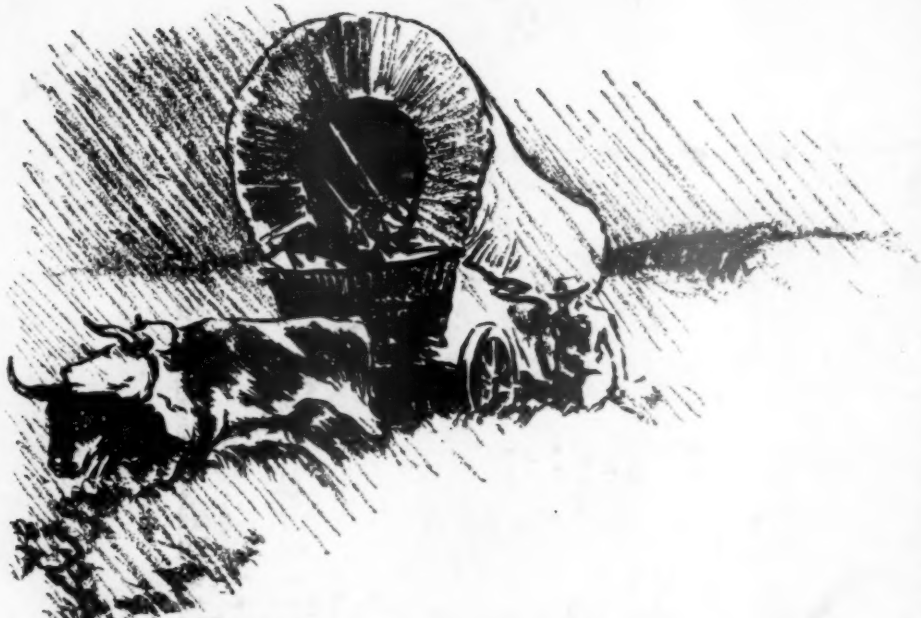
**T**HE NURSE on a case has little time she can call her own, and any measure that will lighten the burden of her duties is always welcome.

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